**Extubation Guidelines**

Extubation is an aerosol generating procedure. In order to minimize the risk of viral transmission the following recommendations apply:

* Staff members in full PPE; non-essential staff out of room
  + The same level of PPE should be worn as for intubation
* Runner in clean anaesthetic bay with means of communicating
* Ensure all necessary equipment prepared and immediately available in room
* Extubation should occur on patient’s bed
* Patient should ideally be ready for extubation onto facemask
* Non-invasive ventilation and high flow nasal oxygenation should be avoided if possible
* Optimise airway and oxygenation through positioning and recruitment manoeuvre
* Have patient sitting up with no theatre staff in front of patient
* Extubate under plastic drape/sheet
* Avoid positive pressure on bag as endotracheal tube removed
* Extubate on to facemask immediately. Use 2 handed grip and maintain seal until able to breathe on room air or low flow oxygen via Hudson mask or nasal prongs with a surgical mask on top
* Immediately dispose of single use equipment in a yellow clinical waste bin
* Patient should be encouraged not to cough
* Oral suctioning may be performed, with care taken not to precipitate coughing. Ensure no contamination of self or others.
* If familiar with technique, consider the following strategies to minimize coughing on extubation:
  + Opioids
  + Lignocaine
  + Dexmedetomidine
  + Spontaneously breathing deep extubation
  + LMA exchange